PRIVACY PRACTICES

My signature confirms that I have been informed of my rights to privacy regarding my protected personal and health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand the terms of which my personal health and identification information may be used.

I have been informed of my dental provider's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such Notice of Privacy Practices. I understand that my dental provider has the right to change the Notice of Privacy Practices and that I may contact this office at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Name of Patient: _____

Name of Parent or Guardian: _____

Signature of Patient, Parent or Guardian: _____ **Date:** ____/____/____

☐ I GIVE PERMISSION FOR THE FOLLOWING COMMUNICATIONS TO BE USED BY Schmidt Family Dentistry Inc. (Please check all that apply):

- ☐ Cell Phone
- ☐ Home Phone
- ☐ Text Messages Permitted
- ☐ Work Phone
- ☐ eMail

☐ I GRANT PERMISSION FOR Schmidt Family Dentistry Inc. TO DISCLOSE THEIR IDENTITY TO ANYONE WHO MAY ANSWER MY HOME, WORK OR CELL PHONE.

☐ I GRANT PERMISSION FOR Schmidt Family Dentistry Inc. TO LEAVE A MESSAGE WITH ANY PERSON WHO MAY ANSWER MY HOME, WORK OR CELL PHONE.

For Office Use Only:

We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Practices due to the following reason:

- ☐ Patient refused to sign
- ☐ Communication barriers
- ☐ Emergency situation
- ☐ Other: _____

7029 Royalton Road, North Royalton, Ohio 44133 440-582-3466 schmidtfamdent@yahoo.com